

## Medi-Cal Denial Reason Descriptions

Adjustment Reason Group Code	Adjustment Reason Code	Health Remark Code	Description of Short-Doyle/Medi-Cal Phase II Denial Reason
CO	6		Therapeutic Behavioral Services valid only when beneficiary's age on Date of Service is less than or equal to 21 years.
CO	18	M80	Service line is a duplicate service.
CO	18	M86	Service line is a duplicate and a repeat service procedure modifier is not present.
CO	22		Other health coverage must be billed before the submission of this claim.
CO	22	N192	Medicare must be billed prior to the submission of this inpatient claim.
CO	26 and 200		Healthy families partial month eligibility restriction, Date of Service must be greater than or equal to date of Date of Eligibility.
CO	29		Late claim denial.
CO	31		Aid code invalid for DMH.
CO	109 and 199		Invalid revenue code, procedure code, and modifier combination.
CO	109	M51	Invalid procedure code and modifier combination.
CO	110	N59	Service date cannot be later than submission date.
CO	119	N20	Single service exceeds maximum minutes per day.
CO	119	N362	When added to previously billed services, this service exceeds total maximum allowed per day.
CO	129		Payment denied – prior processing information incorrect. Void/replacement error.
CO	135		No discharge date permitted for interim claims.
CO	151		All dates of service on claim must be within same calendar month, except discharge date can be 1st day of following month.
CO	171	M77	Invalid place of service for this procedure code.
CO	171	M143	Invalid place of service for this Service Facility Location NPI.
CO	177		Beneficiary not eligible.
CO	185		Only SED services are valid for Healthy Families aid code.
CO	204		Therapeutic Behavioral Service valid only with a Full Scope Aid Code and an EPSDT Aid Code.
CO	204	N30	Emergency Services Indicator must be "Y" or Pregnancy Indicator must be "Y" for this aid code.

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CO	204	N182	Pregnancy Indicator must be "Y" for this aid code.
CO	204	N206	Emergency Services Indicator must be "Y" for this aid code.
CO	A1	M53	Number of units billed exceeds the maximum days allowed.
CO	A1	MA31	Invalid date range for a 24-hour service.
CO	A1	MA40	All 24-hour services must have an admission date.
CO	A1	MA66	Outpatient: Invalid procedure code for FFS. Inpatient: Invalid revenue code for HFP-IP.
CO	A1	MA133	Services overlap an inpatient stay (service may be billed only if rendered on date of admission).
CO	A1	MA134	Submitting county ineligible to use HFP-IP.
CO	A1	N20	Service not payable with other service rendered on the same date.
CO	A1	N56	Hospital Inpatient Admin Day- Lockout on Day of Admission.
CO	A1	N182	Day Treatment Services must be billed at 3 hours minimum.
CO	A1	N198	Invalid taxonomy for this provider.
CO	A1	N300	Only 24 hour services may bill using a date range. All other service lines must use a single date of service.
CO	A1	N318	Discharge day is not a billable day unless it is also the day of admission.
CO	B7		Service Facility Location provider NPI is not eligible to provide this service within the submitting county.
CO	B7	MA134	Services with Place of Service = "12" (either at the claim level or service line) must have a Rendering Provider NPI at the claim level.
CO	B7	N65	Service Facility Location provider NPI is not eligible to provide this service.
CO	B7	N293	Service Facility Location provider NPI is not eligible to provide this service on this date of service.